

# 2021 Alameda County Early Care and Education Needs Assessment

ALAMEDA COUNTY EARLY CARE AND EDUCATION  
LOCAL PLANNING COUNCIL AND FIRST 5 ALAMEDA COUNTY





# Background and Purpose

- Needs Assessment, core mandate of the LPCs to be conducted every 5 years
- ECE Program & F5 Alameda joined to leverage resources
  - To complete the LPC mandate
  - To complete the Quality Counts Needs Assessment
- Both completed in December 2020
- The comprehensive Needs Assessment will be completed Summer 2021 to support
  - public education,
  - policy recommendations,
  - and to support planning, particularly for Measure C and other child care system changes (i.e., state TK expansion)



# Acknowledgments

## ECE Planning Council Needs Assessment Ad Hoc Advisory

<b>4Cs of Alameda County</b>	Sally	Chou
	Celia	Goetz
	Renee	Herzfeld*
	Katie	Honegger*
	Paulene	McCarthy
	Ariana	Ortiz
<b>Alameda County ECE Program, Alameda County Social Services Agency</b>	Angela	Cabrera**
	Jennifer	Cabán*
<b>Alameda County Subsidized Child Care Pilot</b>	Lorita	Riga
<b>Alameda Family Services</b>	Lynne	Moore-Kerr
<b>Alameda Unified School District</b>	Virginia	Hunt
	Alexia	Ritchie
	Marie	Williams
<b>Bahia</b>	Yesenia	Chavez
<b>BANANAS, Inc</b>	Heather	Lang
	Maria	Hassel
	Kym	Johnson*
	Eric	Peterson*
<b>Berkeley Unified School District</b>	Aaron	Jorgensen
	Maria	Carriedo
	Josh	Reed
<b>Castro Valley K-12</b>	Jennifer	Tomita
<b>City of Berkeley - Office of Councilmember Sophie Hahn</b>	Faaria	Hussain
	Lorenzo	Lewis
<b>Ephesians Children's Center</b>	Veronica	Ufoegbune*
<b>FCC, SEIU</b>	Nancy	Harvey

## Needs Assessment Leadership Team

<b>Alameda County ECE Program</b>	Ellen	Dektar
<b>Alameda County ECE Program/Hively</b>	Mara	Goby
<b>Alameda County ECE Program/First 5 Alameda County</b>	Anna	Miera
<b>First 5 Alameda County</b>	Rowena	Kamo
	Michele	Rutherford

## ECE Planning Council Needs Assessment Ad Hoc Advisory

<b>First 5 Alameda County</b>	John	Garvey**
	Ana	Rasquiza*
	Lorie	Chan*
	Vincent	Cheng**
	Lisa	Forti
	Erin	Hubbard**
	Carla	Keener
	Clea	Shapiro*
<b>Fremont Unified School District</b>	Beverly	Taub
<b>Hayward Unified School District</b>	Kristina	Adams
	Mitchell	Ha
<b>Hively</b>	Vanessa	Dilks
	Gayel	Machado
	Kelly	O'Lague Dulka*
	Mona	Shirk
<b>Kidango</b>	Michele	Stilwell
		Parvensky
<b>Oakland Head Start</b>	Tracey	Black
	Sarah	Chao
<b>Oakland Starting Smart and Strong</b>	Trisha	Barua*
<b>Oakland Unified School District</b>	LaWanda	Wesley
	Christie	Herrera
<b>Parent Voices Oakland</b>	Clarissa	Doutherd*
	Noni	Galloway
	Tanisha	Payton
<b>Peralta Community College Unity Council</b>	Erica	Harrell
	Dolores	Terrazas*
<b>YMCA of the East Bay</b>	Melanie	Mueller
	Pamm	Shaw*

- \* Indicates Reviewers
- \*\* Indicates Contributor

# Data Sources



## Data Tools

- Early Learning Needs Assessment Tool (ELNAT)
- Census Data
- Community Care Licensing Database
- CDE Dataquest
- CDE 801a Data
- Resource and Referral Network Data
- Workforce Registry

## Community Partners

- Alternative Payment Agencies
- County Offices of Education
- Department of Social Services
- Head Start and Early Head Start Grantees
- Quality Counts
- Resource and Referral Agencies
- Title 5 Centers
- Parent Voices Oakland
- Alameda County Emergency Child Care Response Team



# Needs Assessment Sections



1. Introduction
2. The Alameda County Early Care and Education Landscape
3. Child and Family Demographics
4. Licensed Capacity
5. Subsidies
6. Unmet Need for Subsidized Care
7. Families and Parent “Choice”
8. Cost of Care and Affordability
9. Early Care and Education Workforce
10. Impact of COVID-19
11. Conclusions



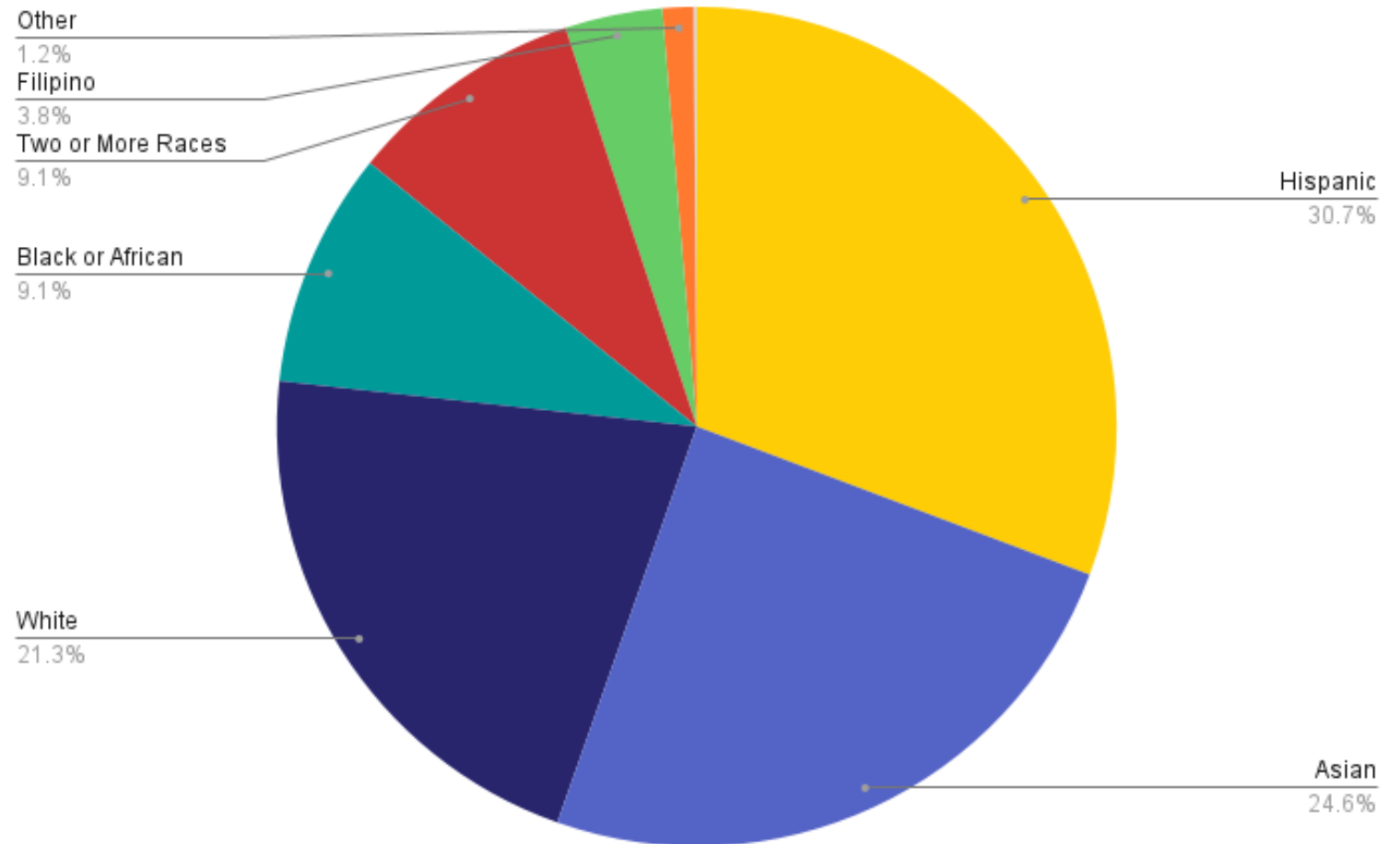
1) Alameda County's children and families are extremely diverse -- programs and systems must meet the needs of the diverse population

# Diversity: 79% of children 0-12 are children of color

The diversity of the county – both language and culturally – has important implications for planning capacity, PD and training for the ECE workforce.

There are also implications for how to support Dual Language Learners and their families -- whether they are in formal or informal care or unable to access care.

### Race/Ethnicity of Children Birth-12



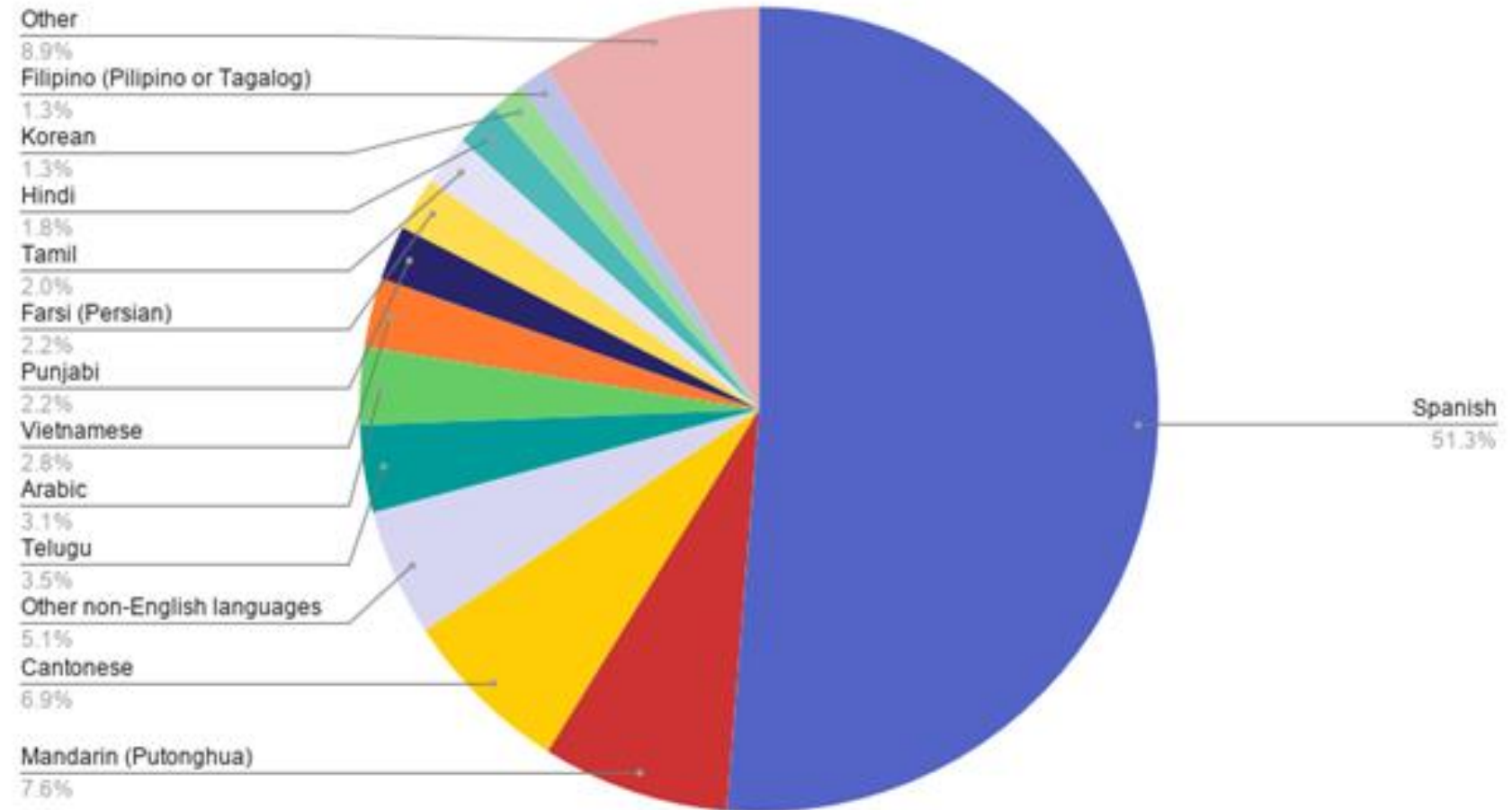


# Diversity

Over **52 languages** are spoken by children in the county

- **30% of preschool children in Alameda County are English Language Learners**
- **Spanish is spoken by 61% of ELL students in Alameda County public schools**

Languages Spoken by TK and Kindergarten Public School Students



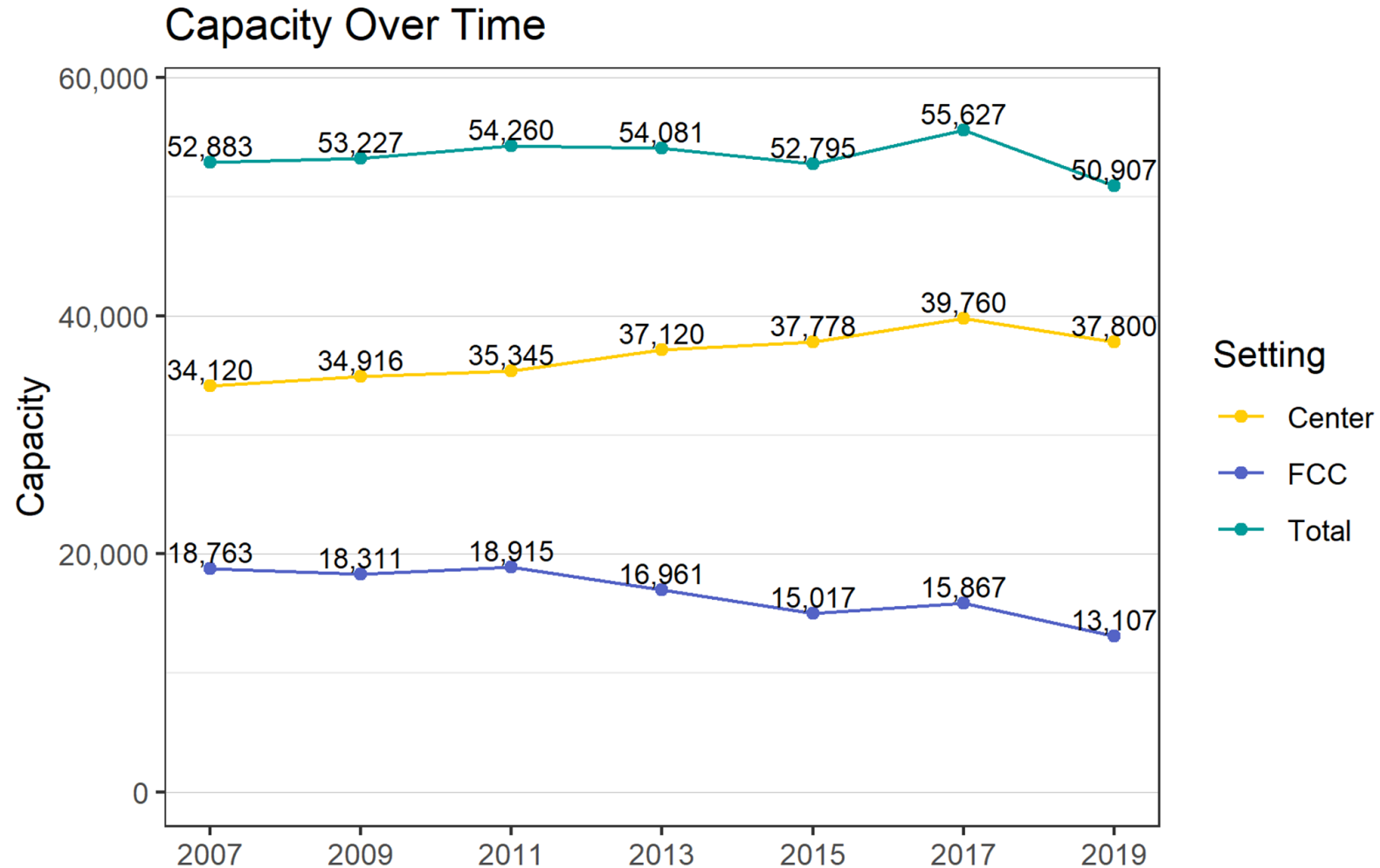




2) There is an inadequate supply of licensed child care and the availability of licensed child care spaces has been declining

# Capacity

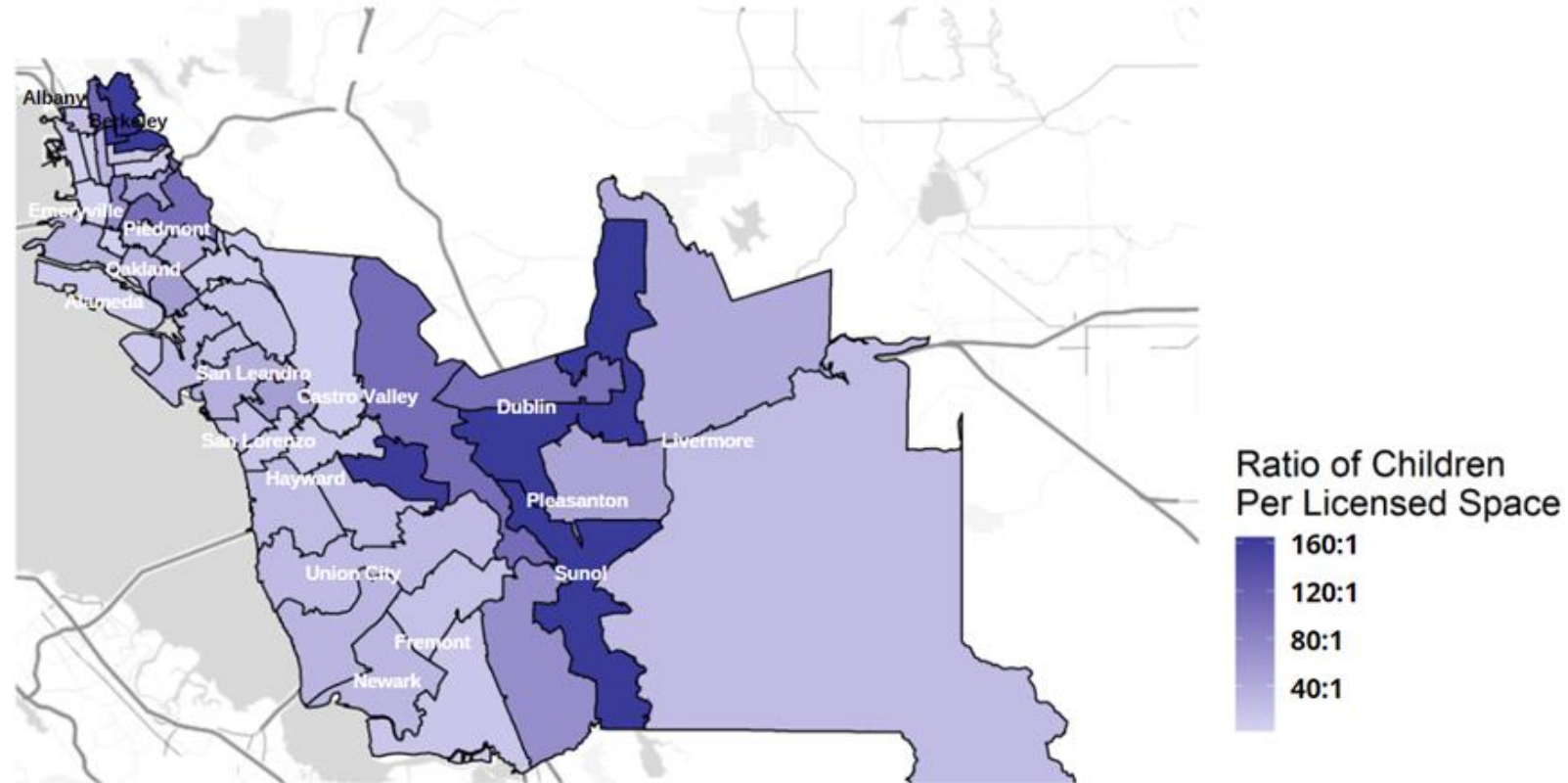
- There has been an 8.5% decline of licensed spaces since 2017.
- The number of licensed family child care homes has fallen by 34% since 2007.
- Family child care spaces are more flexible than licensed center spaces and a dwindling supply impacts families access to meet their child care needs.



# Capacity

- There is a disproportionate lack of affordable, quality care options for infants and toddlers.
- The county is a child care desert for infant and toddler licensed care, which is defined as a ratio of one licensed space for every 10 infants and toddlers.

October 2020 Infant/Toddler Capacity Deserts



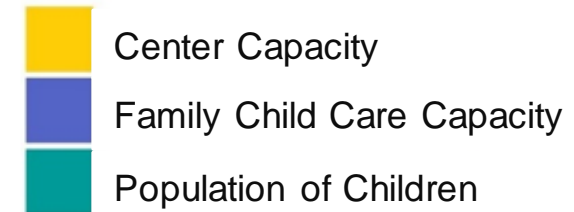
Dark blue = less spaces per child



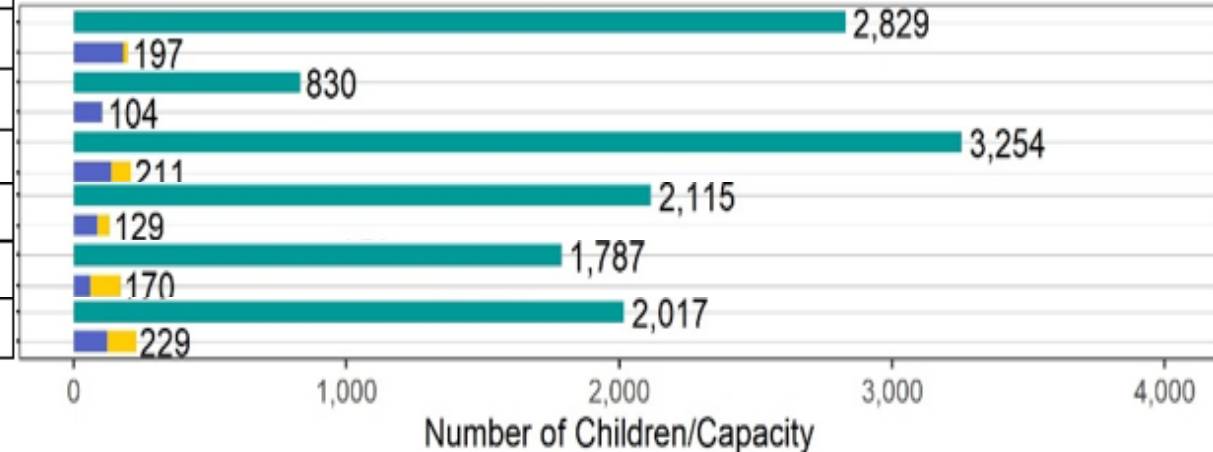
# Capacity

Example of zip code level data for capacity:

**Number of Infants/Toddler Compared to Licensed Capacity by Zip Code**



Region	City	Zip Code
East	Dublin	94568
East	Livermore	94550
North	Berkeley	94707
North	Oakland	94603
South	San Leandro	94577
South	Union City, Hayward	94587



# Capacity

*Child care providers were hard hit by the pandemic.*

- ▶ A decline in capacity existed prior to COVID-19. Additional programs have shuttered
- ▶ It is yet unknown whether many centers and family child care homes impacted by the recent year of COVID-19 will reopen.
- ▶ In February 2021, only 75% of family child care providers and 67% of centers reported that they were open.
- ▶ Efforts have been made to mitigate this impact, however efforts need to continue and deepen in order to strengthen the supply of formal care options for families.





3) The current subsidy system is failing to meet the needs of subsidy-eligible children birth-5.

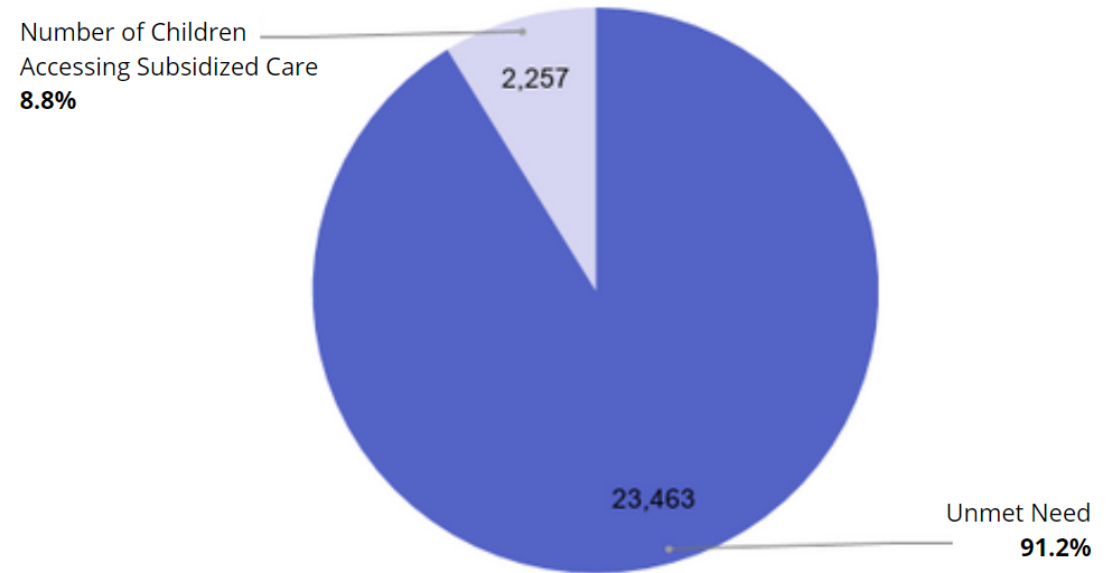




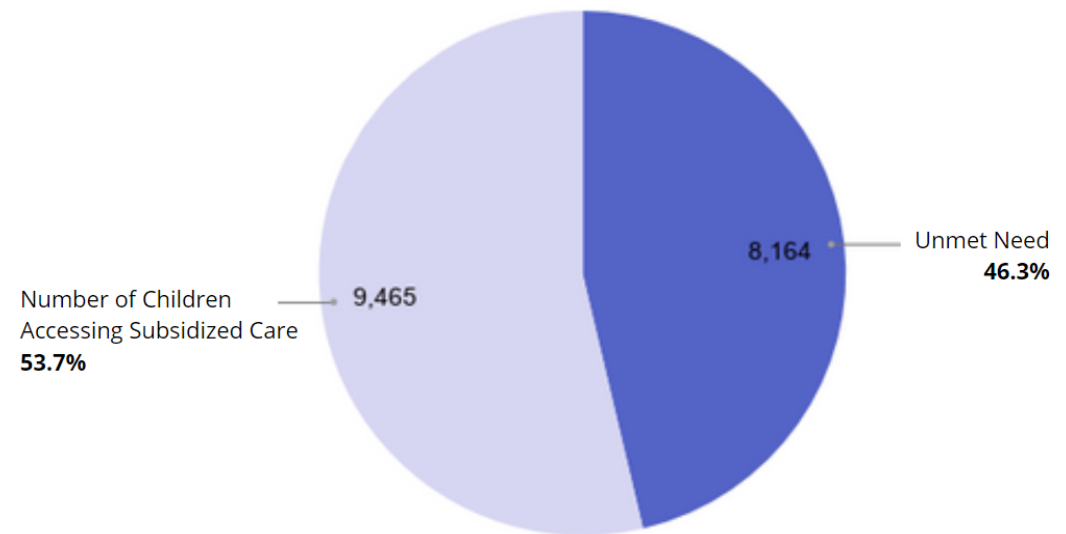
# Subsidies

The number of children enrolled in subsidized care has increased slightly, but there remains a significant gap in access to subsidies for income-eligible families – with an **unmet need of 91% of eligible infants and toddlers and 46% of eligible preschool aged children.**

## Infant/Toddler: Unmet Need for Subsidized Care



## Preschool: Unmet Need for Subsidized Care



# Subsidy Eligibility Waiting List

*As of 2018 there were nearly 7,000 children on six of the state subsidized program's eligibility waiting lists.*

Region	Infant/ Toddlers	Preschool	School Age	Total
Alameda	56	85	125	266
Albany	11	14	28	53
Ashland	17	9	21	47
Berkeley	59	78	82	219
Castro Valley	9	23	6	38
Dublin	10	13	10	33
Emeryville	75	117	118	310
Fremont	50	124	37	211
Hayward	97	260	16	373
Livermore	23	13	48	84
Newark	17	52	12	81
Oakland	927	1,591	2,076	4,594
Pleasanton	10	26	15	51
San Leandro	41	157	26	224
San Lorenzo	13	31	1	45
Union City	37	53	24	114
<b>Alameda County</b>	<b>1,452</b>	<b>2,646</b>	<b>2,645</b>	<b>6,743</b>



4) State and federal income standards do not reflect local cost of living and limit access for families who need help paying for care.



# Subsidy Eligibility



The following income eligibility standards do not meet the needs of families due to the high cost of living in the county:

- ❖ *Early Head Start/Head Start: \$21,330 (2019 Federal Poverty Level)*
- ❖ *State income requirement: \$65,604 (2019 85% of State Median Income)*



These standards lock out many families from eligibility assistance and create eligibility “cliffs” for those who are supported and then lose eligibility before they are able to reach self-sufficiency.





5) The high cost of living in the county impacts families' ability to afford child care and the ability of providers to deliver child care affordably.

# Alameda County High Cost of Living

<b>Cost of Living Category</b>	<b>Cost in Alameda County</b>	<b>Compared to National Average</b>
<b>Median home price</b>	\$981,287	106.7% higher
<b>Median rent</b>	\$3,074	183% higher
<b>Monthly Energy Cost (utilities &amp; phone)</b>	Utilities \$190.46 Phone \$203.03	14% higher
<b>Transportation (gas)</b>	Gas \$3.40 per gallon	30% higher





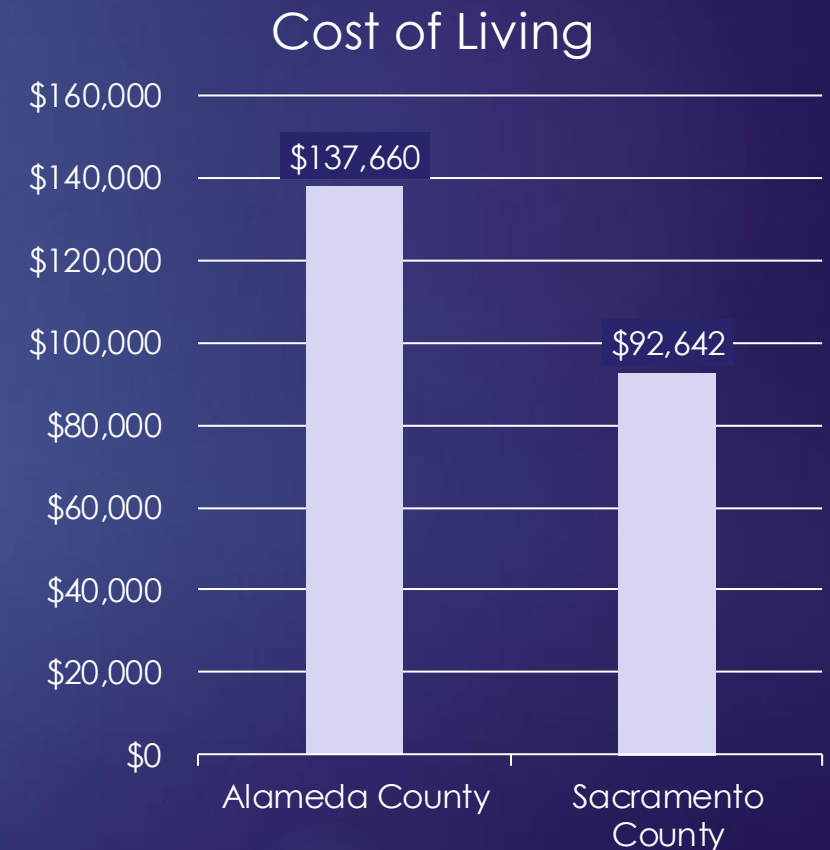
# Alameda County High Cost of Living

An Alameda County a family of four (two adults, an infant and a preschool aged child) must bring in \$137,660 annually to pay for –

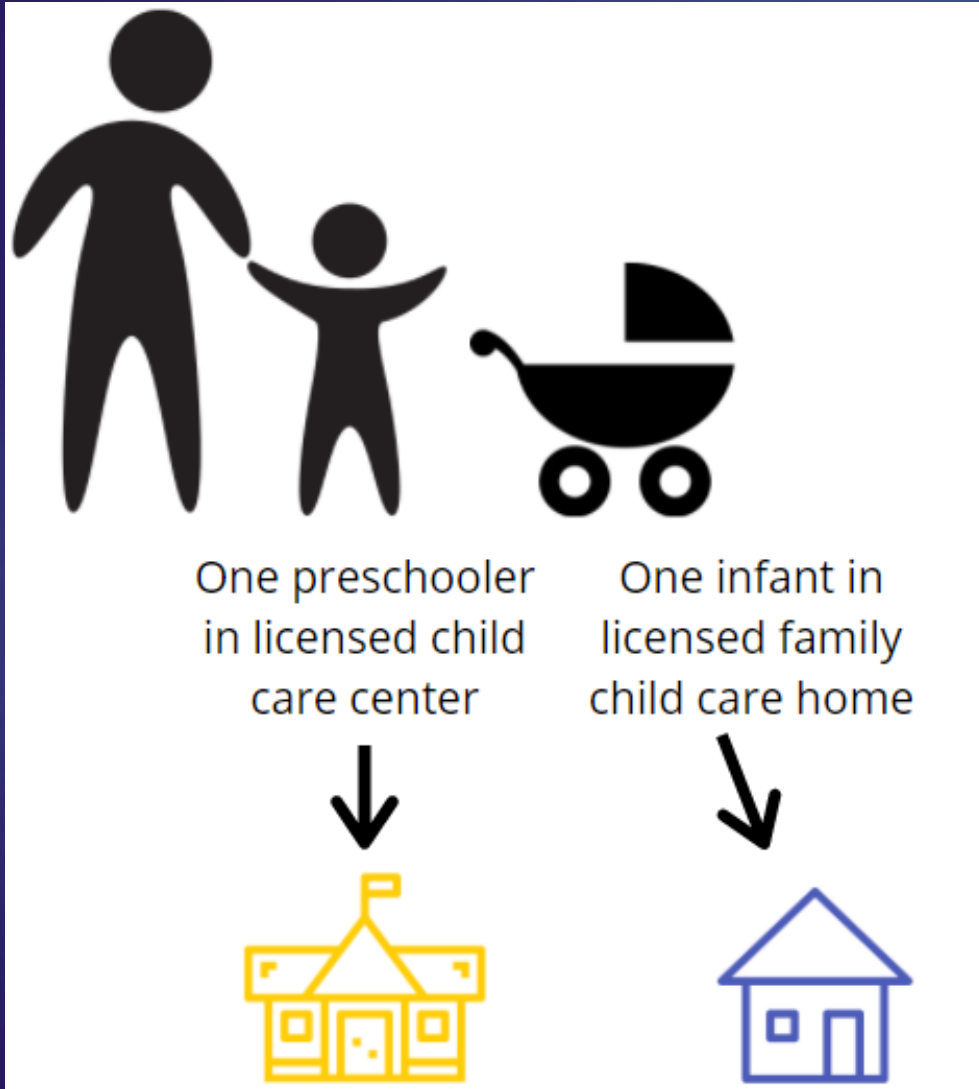
- basic housing,
- food,
- transportation,
- health and child care



In Sacramento, a similar family would require \$92,642.



# Child Care Affordability



- ▶ According to the U.S. Department of Health and Human Services (HHS), child care is affordable if it costs **no more than 7% of a family's income.**
- ▶ This family would need to make **\$605,229** to have child care cost no more than 7% of their income.



# Alameda County High Cost of Living

The inability of families to pay for the true cost of care impacts child care providers ability to pay teachers and staff a living wage.

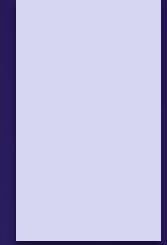




6) Reimbursement rates from the state and the federal government are grossly inadequate.



# Reimbursement Rates

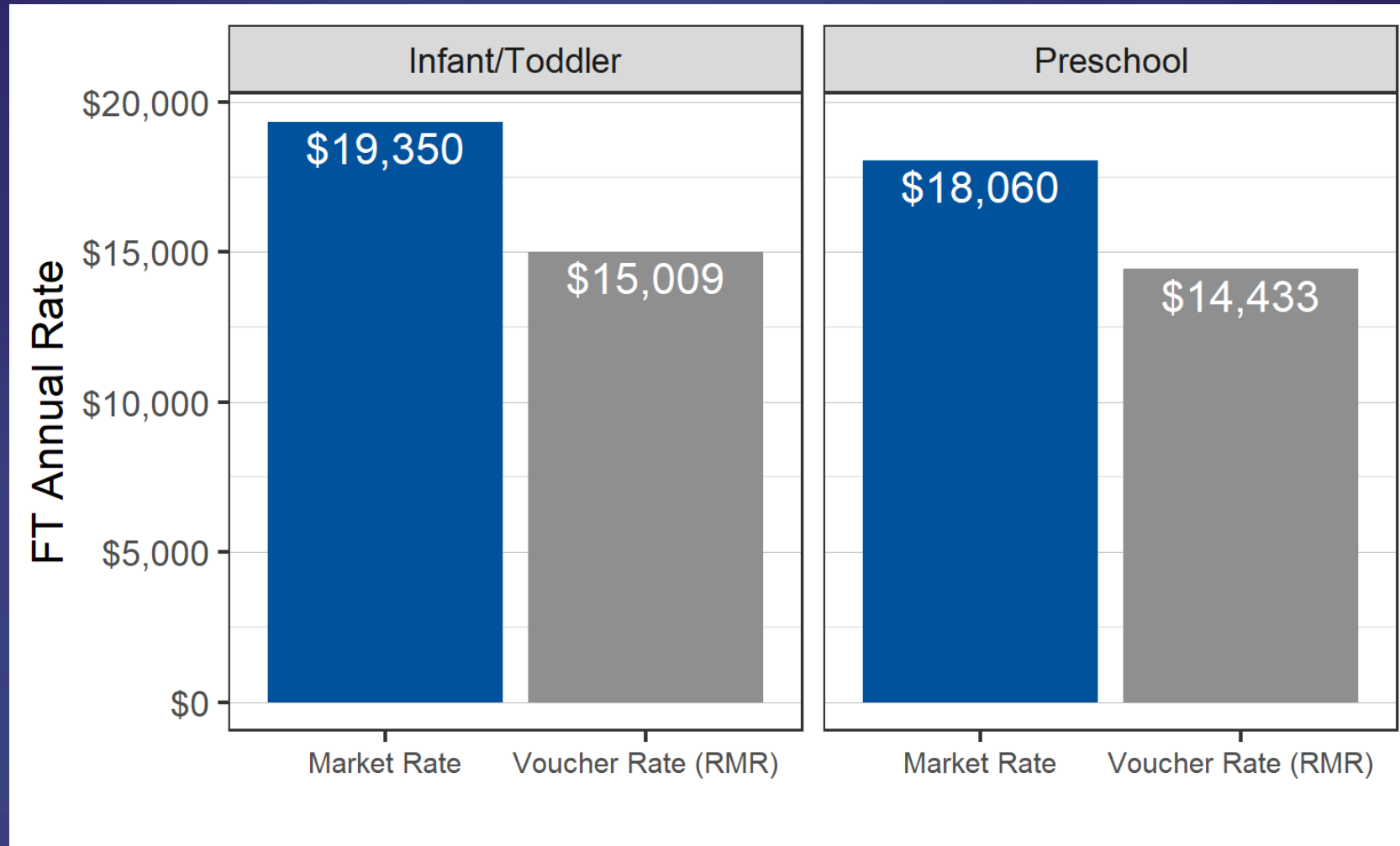


## CALIFORNIA'S SUPRESSED SUBSIDY RATES:



- ▶ Limit access to quality care options for families, particularly voucher access
- ▶ Create considerable co-pays that families cannot afford, thus limiting their choices of care options
- ▶ Limit the ability of providers to accept vouchers and challenges budgets of providers contracting with the state/federal government; and
- ▶ Exacerbate the problem of low wages for the early care and education workforce

# Family Child Care Rate Comparison



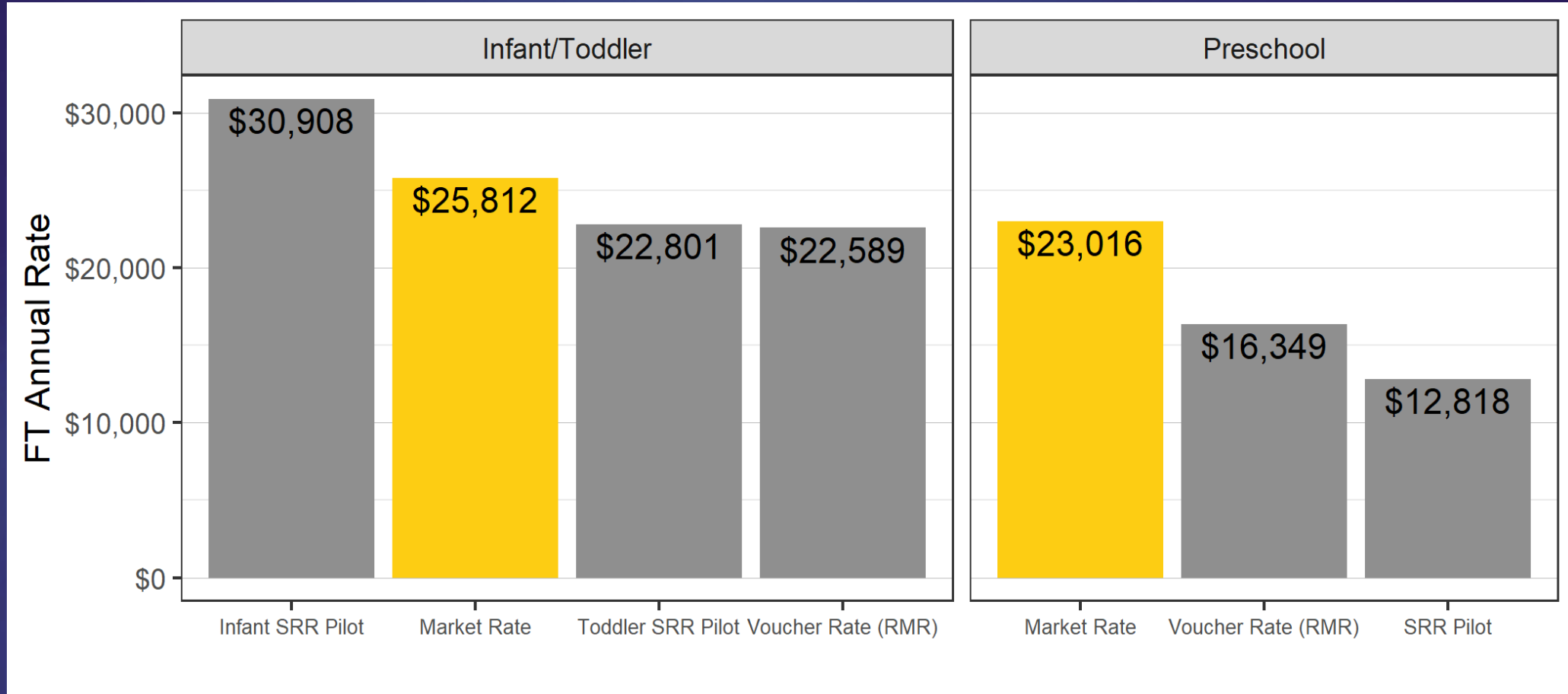
**Market Rate** = Average cost of care from the October 2020 Child Care Provider Survey

**Voucher Rate (RMR)** = Regional Market Rate ceilings as of 2020-21; state subsidized rate for alternative payment vouchers

**SRR Pilot** = Standard Reimbursement Rate (SRR) for state contracted child care programs



# Center Rate Comparison



**Market Rate** = Average cost of care from the October 2020 Child Care Provider Survey

**Voucher Rate (RMR)** = Regional Market Rate ceilings as of 2020-21; state subsidized rate for alternative payment vouchers

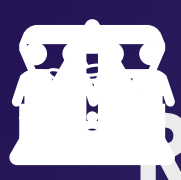
**SRR Pilot** = Standard Reimbursement Rate (SRR) for state contracted child care programs

# Reimbursement Rates

“Higher reimbursement rates are critical to operate high quality early learning programs that meet families’ needs. Even more important to consider is that the rates are what controls the salaries we pay staff. Staff are subsidizing the early education system by accepting lower wages to do the work they love. When most of the staff are women, many of whom are women of color, the system continues to perpetuate inequities and penalize women for doing this work.”

*Pamm Shaw, Director Strategic Funding and Partnerships YMCA of the East Bay*





# Reimbursement Rates

According to federal guidelines for rate setting voucher rates are supposed to allow access to 85% of the market.

Yet the 2020 state Regional Market Rate (RMR) voucher rate ceiling currently limits access to 39% of the Alameda licensed preschools;

Fees charged by some programs, particularly centers, present an added out-of-pocket cost that subsidized families cannot afford and that make many programs out-of-reach for moderate income families.

- ▶ \$377 average annual fees for centers
- ▶ \$233 average annual fees for FCCs





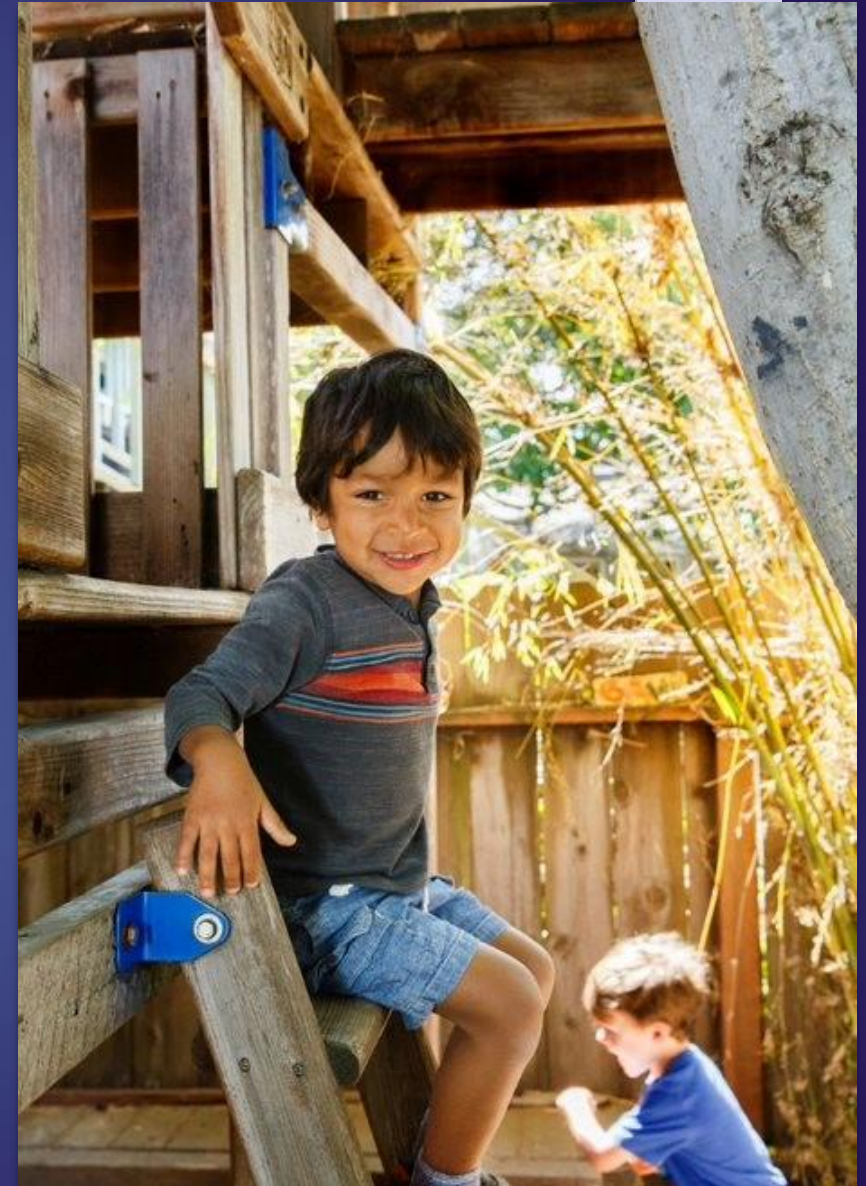


7) The “system” is extremely complex, resulting in families experiencing difficulties accessing limited choices.



# Access to Care

- Family choices must be affordable and high quality for all families.
- The mixed delivery system of licensed centers, family child care, and license-exempt programs and family, friend and neighbor care each require strategic support in order to ensure safe, high quality options for families.



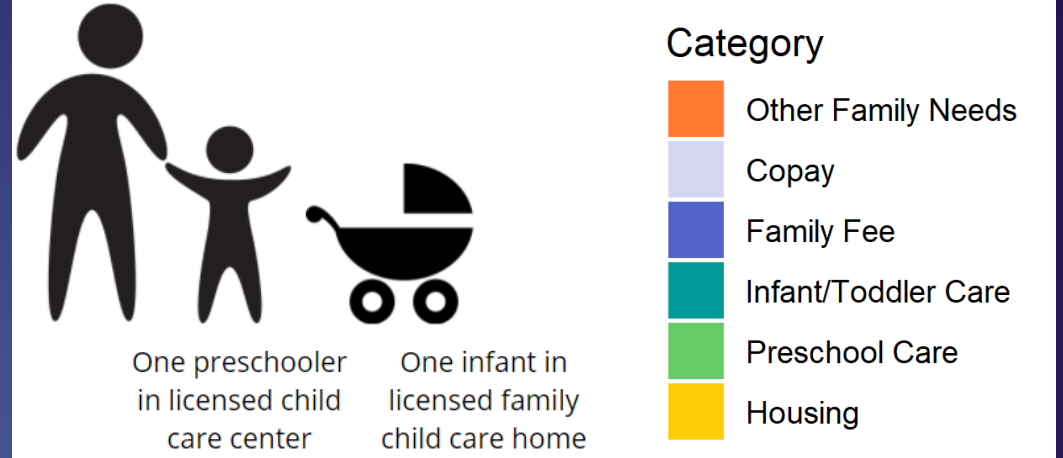


# Access to Care

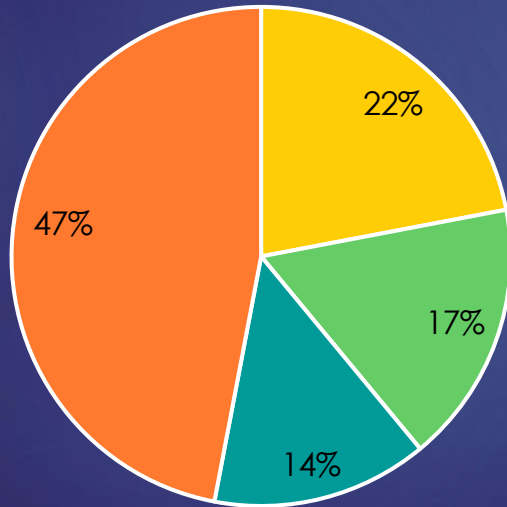
- Eligibility regulations and requirements often include barriers that make the subsidy system challenging for both providers and families, such as -
  - Extensive paperwork for providers and families
  - In-person meetings to confirm eligibility
  - Practices which do not reflect the private market, such as
    - upfront payments (vouchers pay after the care is provided); and
    - unpaid days when child does not attend (vouchers have some coverage but not comparable to with private payers.)
  - State imposed family fees create additional financial burden that families cannot afford; some families are forced out of eligibility, and, in other instances, providers absorb the cost, which they cannot afford.



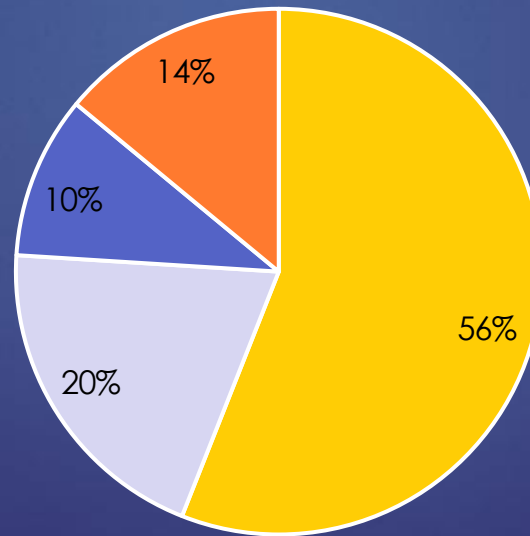
# Access to Care



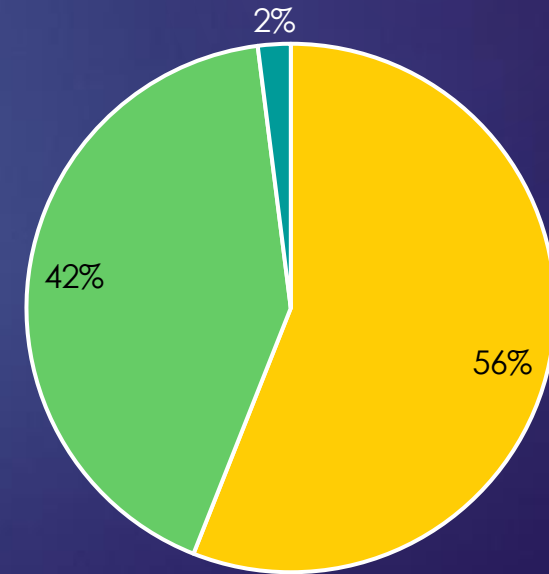
Annual Income:  
\$137,759



Annual Income:  
\$54,027 with Subsidy



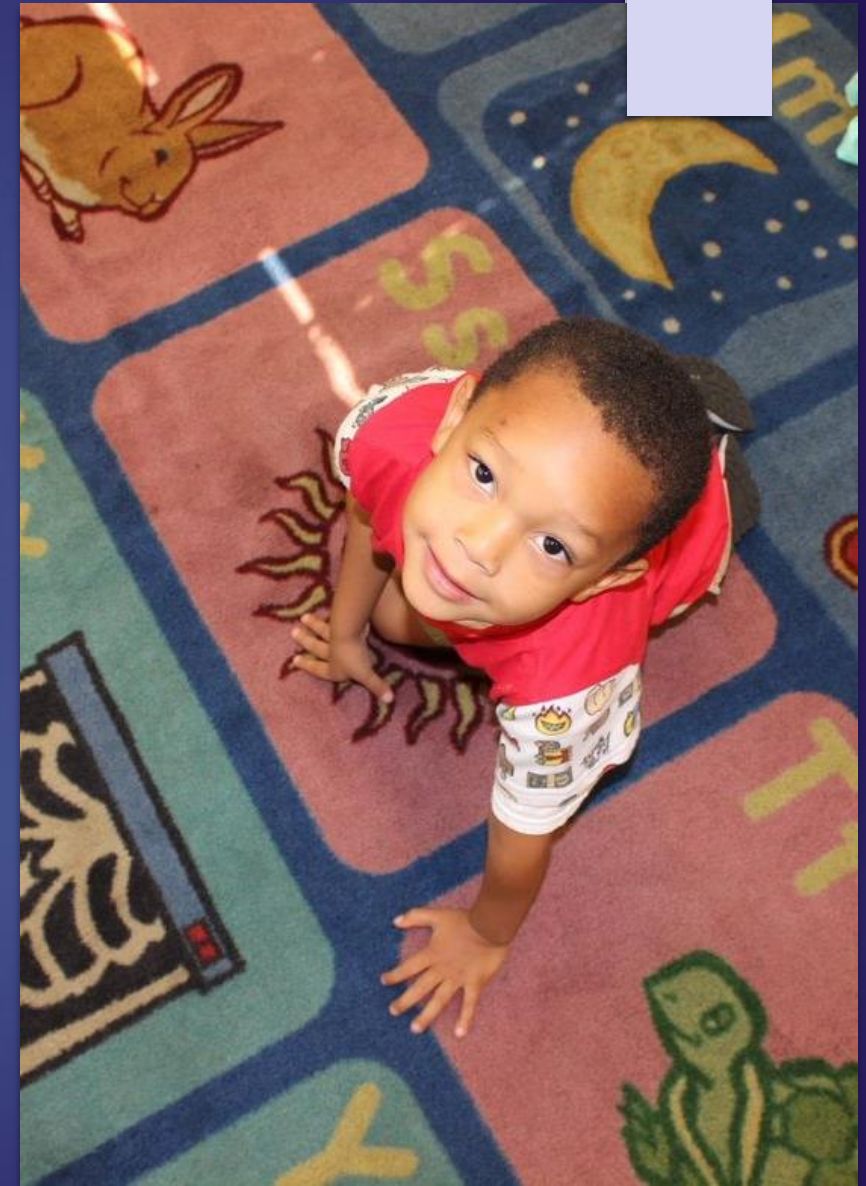
Annual Income:  
\$54,027 without Subsidy





# Access to Care

- For subsidized families, the reimbursement rate of the voucher further limits families' choices.
  - Many families face additional barriers of
    - transportation,
    - homelessness,
    - immigration status,
    - language barriers,
    - lack of access to technology,
    - and other challenges which further impact their ability to access care.
  - System responses must keep these families at the center when designing solutions.



# Access to Care

- ▶ Families identified challenges navigating the complex subsidy system and frustrations with the eligibility waiting lists.






## Access to Care

---

*“Create a system  
that when you go  
up, it uplifts you.”*

---

– Parent Voices of  
Oakland parent  
interview



8) The Early Care and Education Workforce is primarily women of color who are poorly compensated, despite years of experience, education, and expertise.

# ECE Workforce

- The Alameda County licensed early care and education workforce is an estimated **7,680** (pre-COVID)
  - **4,085** center workforce professionals
  - **1,281** family child care professional owner-operators and **2,314 staff**



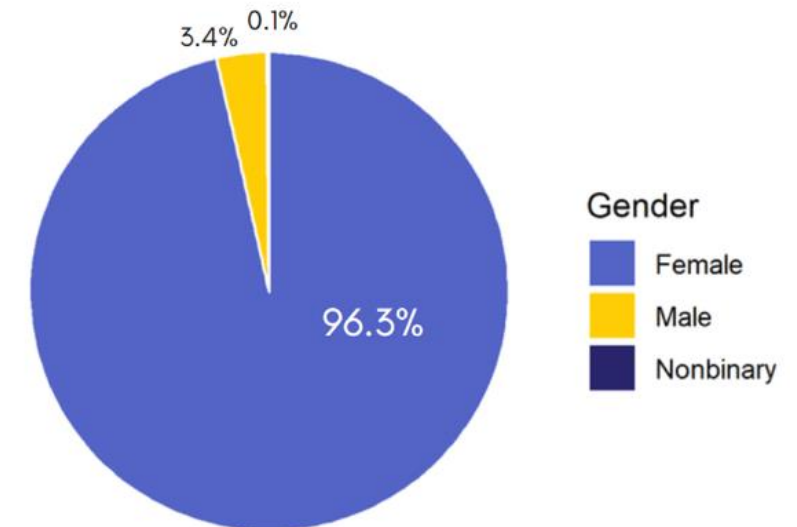


# ECE Workforce

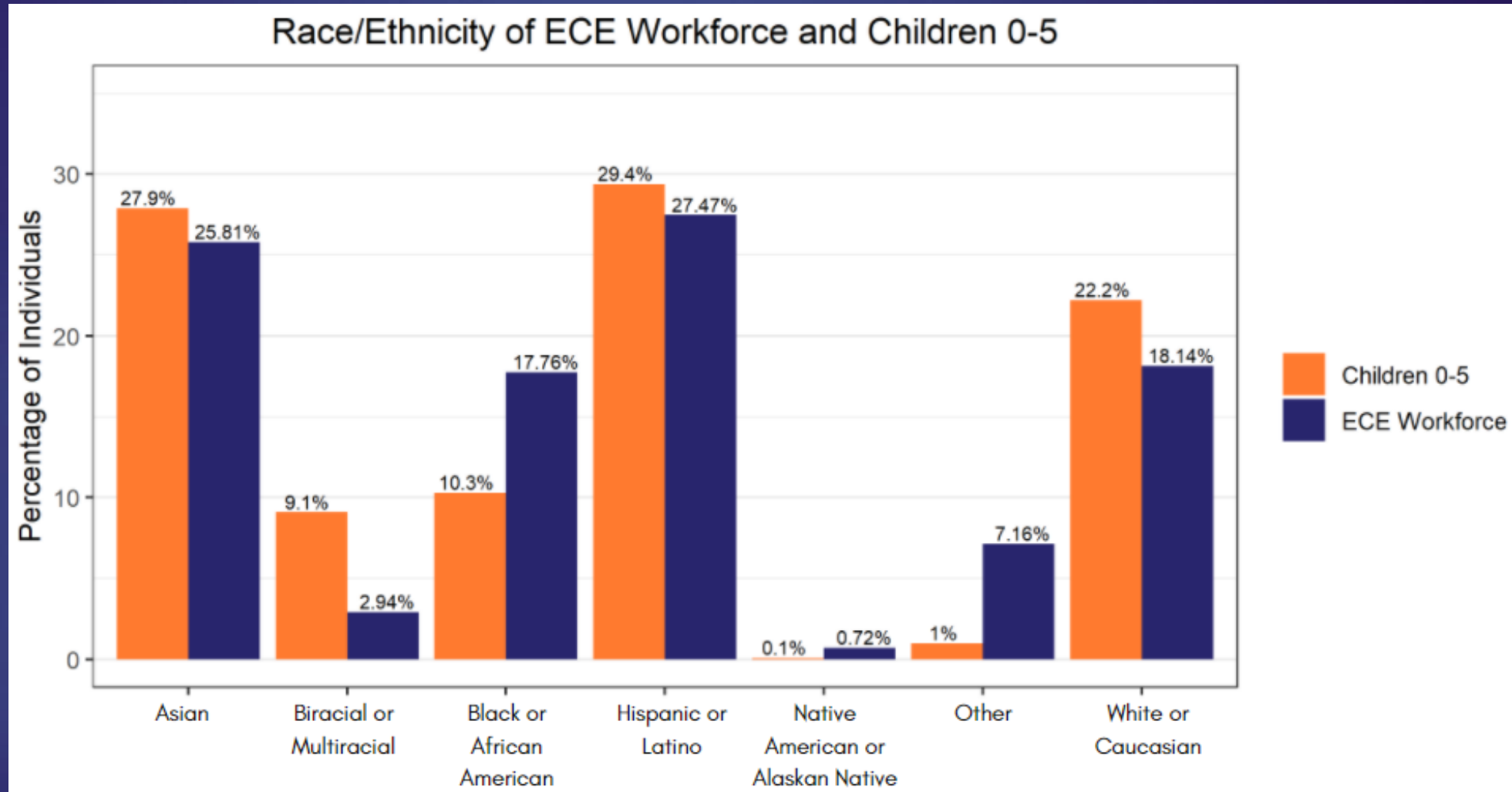
- The ECE workforce is-
  - 96% women and
  - 79% women of color;
- 40% of the workforce is age 50 or older



Gender of ECE Workforce



# ECE Workforce





# ECE Workforce

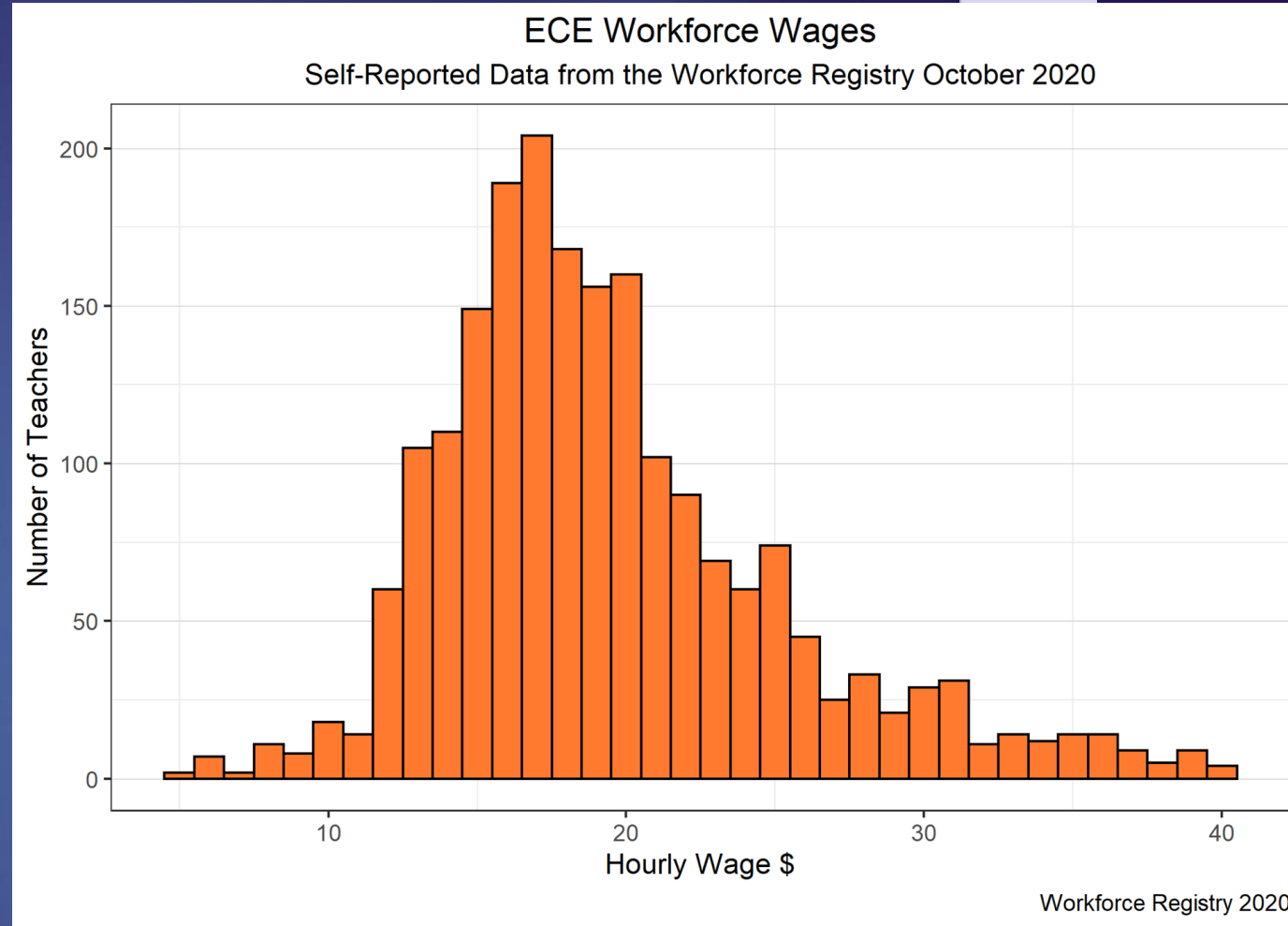
- The ECE workforce is at the core of quality care, yet they continue to work long hours and are so poorly compensated many are eligible for various forms of public assistance.
- The strategies must be addressed at all levels of government, the private sector, and philanthropy.



# ECE Workforce

➤ 87% of the workforce is considered very low-income for Alameda County.

Wage	Family Child Care	Center
<b>Mean Wage</b>	\$15.64	\$20.27
<b>Median Wage</b>	\$19	\$19
<b>One Adult Living Wage</b>	\$21.88	
<b>One Adult w/ One Child Living Wage</b>	\$46.59	





# ECE Workforce

- Efforts to professionalize the workforce must be multi-pronged and must include increased compensation.
- Various pathways toward professional development and advancement must consider the long hours and diverse needs and circumstances of the entire workforce.



9) COVID-19 – disrupted the lives of children and families and the systems that support them, exacerbating existing inequities.



# Impact of COVID-19

**54%**

of Bay Area households with children lost income during the first 7 months of the pandemic

**2 out of 3**

families changed child care arrangements during the pandemic

# Impact of COVID-19



- Low-income families and families of color were disproportionately impacted by COVID-19, as many suffered work and income losses or were required to continue working and have were more likely to contract COVID-19.
- Tangible supports to families, including diapers and pandemic relief strategies for recovery are essential. Child Care Resource and Referral Agencies played key roles distributing these goods to families.

10) The Early Care and Education field showed its creativity and resilience, yet COVID-19 severely impacted the provider community and the systems that support them.







# ECE Workforce Resilience during COVID-19

- ▶ Early care and education professionals have been on the front line, working to stay open, safe, and remaining a life-line to families and children.  
Family child care, in particular, filled a great need as many centers did not reopen and offered remote learning.
- ▶ Alameda County responded to the needs of child care providers through partnerships and ultimately directing dedicated tangible resources to the field. But for many it may have been too little, too late.
- ▶ Many programs have closed. The licensed capacity is far below pre-COVID numbers. There is a need to monitor capacity for families as we try to restore sites and child care options which meet their needs.



# ECE Workforce Resilience during COVID-19

Pre-COVID, teacher shortages and substitutes was a problem. As cohort limitations were lifted in April, many providers struggled with finding staff.

For ECE professionals, virtual meetings and trainings supported their ability to participate during the pandemic.

Technology – both internet access and hardware – was identified as a need for many family child care providers.

Family child care providers expressed an increased need to be connected for support and to reduce their isolation.



# ECE Workforce Resilience during COVID-19

- ▶ During the Fall of 2020, the Alameda County child care field was losing more than an estimated **\$18 million per month** due to closures, under-enrollment, and class cohort restrictions imposed by the state/local health and licensing



# ECE Workforce Resilience during COVID-19

- Systems have been strengthened through partnerships resulting in
  - Communication to the ECE field
    - Regular webinars and check-ins, featuring DPH, CCL and other key resources
    - FAQs and guidance, translated for providers
    - notices regarding financial relief opportunities
  - Coordinated distribution of Personal Protective Equipment and technology
  - Creation of health consultation and behavioral health consultation program
  - Planned and implemented pop-up COVID Vaccination clinics for providers and their families



ALAMEDA COUNTY EMERGENCY CHILD CARE  
RESPONSE TEAM



# Next Steps

- ▶ The FY21-22 State Budget reflects changes to the-
  - ▶ Subsidized reimbursement rate ceilings for providers; and
  - ▶ Income eligibility standards for families.
  - ▶ Data in the Needs Assessment do not reflect these changes
- ▶ The full report is available on the First 5 Alameda County Website
  - ▶ Report will be added to the Alameda County ECE Planning Council (ACOE) website
  - ▶ Next webinar: Deeper Dive into the Data on December 3<sup>rd</sup>
  - ▶ Translated slide deck to be available on the website
- ▶ Executive Summary is in development
  - ▶ City profiles to be developed

Questions?

